

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034853

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4984

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

23878

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502.0

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1276-0

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 149

FILED OCT 15 1962

Primary Registration District No. 1002

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## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kansas City

Length of stay in 1b

40 Years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

VA Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR

TOWN Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

2413 E. 67th Terrace

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HERMAN THEODORE LARSON

## 4. DATE OF DEATH

Month

Day

Year

September 29, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-1-99

## 9. AGE (last birthday)

63

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Credit bureau

11. BIRTHPLACE (City and state or country)

Saline County, Kansas USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Nels J. Larson

13b. MOTHER'S MAIDEN NAME

Anna Peterson

14. NAME OF HUSBAND OR WIFE

Florence Larson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes

(If yes, give war or dates of service)

WWII

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA Hospital Records

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

COR. PULMONALE

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

LUNG ABSCESS (RIGHT UPPER LOBE).

DUE TO (c)

CHRONIC BRONCHITIS &amp; EMPHYSEMA

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. VA attended the deceased from July 20, 1962

to Sept. 29, 1962

and location

Death occurred at

4:30 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

DAVID C. JENKINS M. D.

22b. ADDRESS

VA Hospital, Kansas City, Mo.

22c. DATE SIGNED

9-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-1-62

23c. NAME OF CEMETERY OR CREMATORY

Forest Hill

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Stine &amp; McClure Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

10-1-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *K. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.